



Medical Records Release Form

By signing this form, I authorize you to release my medical records including dental x-rays to the dental office listed below:

Smiles by Julia
4542 North Federal Highway
Fort Lauderdale, FL. 33308
Email: contactus@smilesbyjulia.com
Phone: 954-493-6556
Fax: 954-493-6558

The reason for this release of information is as follows:

Patient Name: _____

Date of Birth: _____

Signature

Date